

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105

County Registrar No. _____

Local Registrar No. 134

No. Gila County Hosp.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Miriam Grace Brewster

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth 7-1-26
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Bernard Chesley Brewster

14. MOTHER

Full maiden name Teresa Benedict

9. Residence (Usual place of abode) Globe
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe
If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 34 (Years)

16. Color or race W

17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Michigan
(State or country)

18. Birthplace (city or place) (near) Rochester Minnesota
(State or country)

13. Occupation Preacher
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:30 p. m. on the date above stated
(Born alive or ~~stillborn~~.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. W. Forst M.D.
(Physician or midwife)

Address Globe

Given name added from a supplemental report

Month, day, year

Filed 7-31-26 W. W. Forst Local Registrar.

Registrar

Filed _____, 19____

County Registrar

429-701-323